



Linking Nutrition and Health: 30 Years of the Older Americans Act Nutrition Programs

PROGRAM MILESTONES: 2002

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- 1954** The first “Meals on Wheels” program was established in Philadelphia.
- 1961** White House Conference on Aging devoted one recommendation of 5 words to nutrition – “Nutrition programs should be established.”
- 1965** Congress passed the Older Americans Act.
- United States Department of Agriculture’s (USDA) National Food Study and Food Consumption produced the shocking finding that 95 million Americans did not consume adequate diets and 6 to 8 million older persons had deficient diets.
- 1968** Congress appropriated \$2 million to establish a 3-year demonstration and research program of nutrition for older people to be conducted by the Administration on Aging (AoA) under Title IV of the Older Americans Act (OAA).
- 1971** White House Conference on Aging Background Report identified limitations of community nutrition programs stating:
- Many of the elderly cannot meet the cost of adequate nutrition.
 - Transportation to shopping centers, food distribution and food stamp centers and to places where group meals are served, is not available to many individuals.
 - In communities where nutrition and feeding programs of various kinds are in effect, many in need do not know about them, and are not reached.
 - Elderly who participate in food service programs are frequently found to be in need of other health services, which cannot be supplied by nutritionists.
 - There is a lack of knowledge by the elderly of what to buy, how to get the best values for money spent on food, and how to prepare food.
 - Current programs do not reach enough people, especially those in small towns and rural communities.

- Food stamps do not solve the problems of those who are not physically able to shop for food, are unable to reach food markets or eating places, or lack cooking, storage, and refrigeration facilities for food; nor do food stamps meet the needs of those who desire to retain their dignity and sense of independence.
- Home-delivered meals do not solve the problems of loneliness.

The Background Report recommended these nutrition interventions: meals, nutrition education, and nutrition counseling to assist older individuals with specific health conditions.

1972 Congress enacted the National Nutrition Program for the Elderly as a new title of the OAA (P.L. 92-258), S.1163 sponsored by the Honorable Edward Kennedy, Democrat, Massachusetts, and signed by President Richard Nixon on March 22.

The OAA indicated that the purpose of the program was to provide older Americans, especially those with low-incomes, with low cost, nutritionally sound meals served in strategically located centers such as schools, churches, community centers, senior citizen centers, and other public or private facilities where they can obtain social and rehabilitative services. Besides promoting better health among the older segment of the population through improved nutrition, such a program is aimed at reducing the isolation of old age, offering older Americans an opportunity to live their remaining years in dignity.

The program included these services: congregate and home-delivered meals; nutrition education; transportation; information and referral services; health and welfare counseling; shopping assistance; and recreation activities. Supportive, non-nutrition, services were limited to 20% of funding.

The Administration on Aging (AoA) published the regulations for Title VII, Elderly Nutrition Program (ENP) in the Federal Register on August 19.

The AoA published the *Manual for the Elderly Nutrition Program* in December. The *Manual* indicated that no project could be funded that provided only home-delivered meals. Home-delivered meals could only be provided where necessary and feasible to meet the needs of eligible participants who were homebound because of temporary or permanent physical or mental impairment. No more than 10% of meals provided could be home-delivered.

1973 The AoA released *Nutrition for the Elderly: The Program Highlights of Research and Development Nutrition Projects Funded Under Title IV of the OAA, June 1968-June 1971*. This report indicated that the original purposes of the demonstration projects were to:

- Design appropriate ways for the delivery of food service to enable older persons to enjoy adequate palatable meals that supply essential nutrients needed to maintain health;

- Provide opportunities for socializing with friends and participate in leisure activities; and
- Provide opportunities for nutrition education and nutrition counseling.

Thirty-two demonstrations were funded and 23 individual projects were conducted at the local community level.

The AoA published *The Guide to Effective Project Operations (Green or Oregon Guide)* by Oregon State University in April. This *Guide* provided information on program development and management; the older person; food for later years; food service for the nutrition program; and community relations, outreach, and provision of supportive services. The AoA established 5 bi-regional training centers to provide training and technical assistance to the ENP.

The OAA nutrition services appropriation was \$99,600,000.

- 1974 P.L. 94-351 amended the OAA to authorize the USDA to donate commodities to the ENP.
- 1975 The OAA nutrition services appropriations increased to \$125,000,000. Nutrition service providers served 48.5 million meals.
- 1977 P.L. 95-65 amended the OAA to allow States to elect to receive the USDA entitlement in the form of commodities or cash. The USDA appropriation was \$22,000,000. The OAA appropriation increased to \$203,525,000. Nutrition service providers served 101.0 million meals.
- 1978 Congress consolidated the nutrition program under Title III of the OAA and separately authorized Title III--Part C-1, Congregate Nutrition Services, and Title III--Part C-2, Home-Delivered Nutrition Services. The nutrition program was no longer to fund supportive services under the nutrition title but receive supportive services through Part B, the supportive services Title.

For the first time, Congress also authorized separate appropriations for congregate and home-delivered meals and allowed transfers between these allotments but did not specify a limit. For the first time, Congress allowed nutrition programs to serve meals that were not hot.

Congress authorized a new program, Title VI, Grants to Indian Tribes, which included nutrition services.

The OAA nutrition appropriation increased to \$250,000,000 and the USDA appropriation, to \$33,982,000. USDA distributed 23.5 percent of the funding as commodities and the remainder as cash. Nutrition service providers served 134.4 million meals.

- 1980** Previous regulations and AoA guidance limited home-delivered meals to 10% of total meals; with a separate authorization, home-delivered meals increased to 22% of total meals.
- The OAA congregate nutrition appropriation increased to \$270,000,000; OAA home-delivered appropriation, to \$50,000,000; and USDA appropriation, to \$74,182,000. Commodity usage declined to 21 percent of the appropriation. Nutrition service providers served 168.4 million meals.
- 1981** The AoA published 4 Nutrition Service Provider Guides by the Community Nutrition Institute. The Guides addressed Program Management, Site Management, Financial Management, and Training.
- The OAA limited transfers between nutrition and supportive services to 20%.
- 1983** Kirschner and Associates, Inc., completed the first national evaluation of the ENP. Data indicated that the program was achieving its goal of enhancing dietary intake among program participants.
- 1984** The OAA amendments increased transfer levels to 30% between nutrition and supportive services for fiscal years 1985 to 1987. Home-delivered meal service increased to 33% of total meals.
- The OAA congregate nutrition appropriation increased to \$321,574,000; OAA home-delivered appropriation, to \$67,025,000; and USDA appropriation, to \$117,903,000. USDA commodity usage declined to 4 percent of the appropriation. Nutrition service providers served 214.1 million meals.
- 1986** Home-delivered meal service increased to 35% of total meals.
- The OAA congregate nutrition appropriation decreased slightly to \$321,522,000; OAA home-delivered appropriation, to \$64,980,000; and USDA appropriation, to \$133,383,000. USDA commodity usage decreased to 3.8 percent of the appropriation. USDA cash reimbursement rate set at 56.76 cents per meal. Nutrition service providers served 228.9 million meals.
- 1987** Congress added Services to Native Hawaiians under Title VI, Part B. Congress retained the maximum transfer amount between nutrition and supportive services at 30%.
- 1988** Home-delivered meal service increased to 39% of total meals.
- The OAA congregate nutrition appropriation increased to \$344,664,000; OAA home delivered appropriation, to \$75,635,000; and USDA appropriation, to \$140,312,000. USDA commodity usage increased to 5.7 percent of the

appropriation. USDA cash reimbursement rate set at 56.76 cents per meal. Nutrition service providers served 241.9 million meals.

1989 The Department of Health and Human Services published *The Surgeon General's Report on Nutrition and Health*. This document clearly related dietary excesses and imbalances to chronic diseases and stressed effects of dietary factors underlying chronic diseases that affected older adults, including coronary heart disease, high blood pressure, stroke, and some kinds of cancer, diabetes, and obesity. Many older adults served by OAA nutrition programs suffered from one or more of these chronic illnesses.

1990 The Institute of Medicine, National Academy of Sciences, published the report, *Diet and Health: Implications for Reducing Chronic Disease Risk*. This report stressed relationships between nutrition and chronic diseases and that chronic diseases could be prevented, delayed, and/or managed through the use of appropriate nutrition. The report provided the basis for re-examining the development and purpose of the Recommended Dietary Allowances (RDAs). OAA nutrition programs continued to serve high numbers of older adults with nutrition-related chronic diseases. The OAA continued to require that OAA nutrition programs comply with the RDAs.

1991 The AoA established the National Eldercare Institute on Nutrition under the leadership of Connie Benton-Wolfe at the National Association of Nutrition and Aging Services Programs in collaboration with the National Association of State Units on Aging, the National Association of Meal Programs, the National Meals on Wheels Foundation, Ross Laboratories, DuPont Company, and Nestle USA.

The American Dietetic Association (ADA) published *Effective Menu Planning for the ENP*. The Nutrition Screening Initiative (NSI), a collaboration of the ADA, American Academy of Family Physicians, National Council on Aging, and 30 national health, aging, and nutrition organizations, published various tools for nutrition screening and assessment, including a consumer awareness tool, the *DETERMINE Your Nutritional Health Checklist*.

Home-delivered meal service increased to 43% of total meals.

The OAA congregate nutrition appropriation increased to \$361,083,000; OAA home-delivered appropriation, to \$87,831,000; and USDA appropriation, to \$149,897,000. USDA commodity usage increased to 6.5 percent of the appropriation. USDA cash reimbursement rate set at 56.76 cents per meal. Nutrition service providers served 238.4 million meals.

1992 Congress reauthorized the OAA. Amendments continued to strengthen requirements regarding targeting services to those in greatest economic or social need, with special attention to low-income minorities.

Amendments continued to require compliance with the RDAs as well as the *Dietary Guidelines for Americans*, published by the Departments of Health and Human Services and Agriculture. These quality assurance standards helped ensure that the meals served to older adults are nutritious, help maintain adequate nutritional status and provide a basis for promoting health.

Amendments decreased the amounts that could be transferred between nutrition and supportive services from 30% to 20% in fiscal year 1996. Amendments limited the amount of funds that could be transferred between congregate and home-delivered to 30%. Additional transfers were permissible after application to the Commissioner for a waiver of these amounts.

Home-delivered meal service increased to 44% of total meals.

The OAA congregate nutrition appropriation increased to \$366,067,000; OAA home-delivered appropriation increased to \$89,606,000; and USDA appropriation was \$149,895,000. USDA commodity usage decreased to 5 percent of the appropriation. Nutrition service providers served 240.4 million meals.

Congress reinstated an inflationary increase for the USDA cash/commodities program. USDA increased the cash reimbursement rate to 61.0 cents per meal.

1993 The National Eldercare Institute on Nutrition co-sponsored Nutrition Research and the Elderly, a scientific research conference for nutrition professionals.

The Urban Institute published *Hunger Among the Elderly*. Major findings were that 8% to 16% of elderly Americans experience food insecurity; seniors with incomes up to 200% of poverty report food insecurity; public programs such as the OAA Nutrition Programs are stretched to the limit and need resources up to 3 times the current amount to serve individuals in need.

Congress passed the Government Performance and Results Act (GPRA), which emphasized accountability for all programs administered by a federal agency. It tied federal funding to outcomes including participant benefits. The AoA explored ways to comply with its requirements with the aging network.

1994 The first Assistant Secretary for Aging, Fernando M. Torres-Gil announced a Nutrition/Malnutrition Initiative. Ten regional forums were held to address nutrition and malnutrition issues.

The AoA and National Eldercare Institute on Nutrition issued *Food and Nutrition for Life: Malnutrition and Older Americans* by Connie Codispoti, MS, RD.

Home delivered meal service increased to 47% of total meals.

The OAA congregate nutrition appropriation increased to \$375,809,000; OAA home-delivered appropriation, to \$93,665,000; and USDA appropriation, to \$150,000,000. USDA commodity usage decreased to 4.25 percent of the appropriation. USDA decreased the cash reimbursement rate to 60.57 cents per meal. Nutrition service providers served 239.8 million meals.

1995 Mini-White House Conferences on Nutrition were held throughout the country in preparation for the 1995 White House Conference on Aging. The National Eldercare Institute on Nutrition with its partners co-sponsored a national pre-White House Conference on Aging, Nutrition Research and the Elderly II: The Role of Nutrition in Long Term Care. The White House Conference on Aging adopted Resolution 9.1, which recommended, “Expanding the coverage of existing food programs.”

AoA established the National Policy and Resource Center on Nutrition and Aging at Florida International University, under the leadership of Nancy S. Wellman, PhD, RD, FADA.

The AoA established new reporting requirements for the AoA State Program Report that included, for the first time, an emphasis on the nutrition risk of older adults participating in the OAA Nutrition Program. The AoA recommended using the *NSI DETERMINE Your Nutritional Health Checklist*. The AoA encouraged all levels of the network to use nutrition risk data to: (1) effectively target services to those in need; (2) assist in determining unmet need for nutrition services interventions; (3) to characterize the population being served; and (4) use the information to plan nutrition service interventions, such as meeting special diet needs, nutrition education, nutrition counseling, and linkages to other food assistance programs such as Food Stamps.

The AoA with the assistance of the National Policy and Resource Center on Nutrition and Aging sponsored the first conference of state nutritionists/nutrition program administrators in 20 years. Entitled “More Than a Meal: Older Americans Act Nutrition Programs in Home and Community-Based Long Term Care,” the conference focused on strengthening nutrition services at all levels of the network. One conference outcome was agreement among participants on the roles and responsibilities of state nutritionists that would enhance nutrition services. Through a group process, conference participants ranked these in order of importance as:

- Implementing, budgeting, contracting, and grant writing;
- Assessing needs, evaluating programs, setting priorities;
- Developing policy, providing feedback to upper levels;
- Training and technical assistance, developing materials;
- Advocating for seniors and for nutrition;
- Coordinating/linking/participating in interagency liaison activities;
- Developing programs and building capacity;

- Monitoring; and
- Planning, “visioning.”

Home-delivered meal service increased to 49% of total meals.

The OAA congregate nutrition appropriations remained at \$375,809,000; OAA home-delivered appropriations increased to \$94,065,000; and USDA appropriation continued at \$150,000,000. USDA commodity usage decreased to 3.7 percent of the appropriation. USDA decreased the cash reimbursement rate to 59.69 cents per meal. Nutrition service providers served 242.4 million meals.

1996 The AoA released *Serving Elders at Risk: The Older Americans Act Nutrition Programs: National Evaluation of the Elderly Nutrition Program, 1993-1995* by Mathematica Policy Research, Inc. Key findings indicated that:

- People who receive ENP meals have higher daily intakes of key nutrients than similar nonparticipants.
- ENP meals supply 40 to 50% of participants’ daily intake of most nutrients.
- Participants have more social contacts than similar nonparticipants.
- Most participants are satisfied with services that the ENP provides.
- The ENP serves individuals who are older, poorer, in poorer health, are more functionally impaired, more likely to live alone, and at higher nutritional risk than the general U.S. population.
- The ENP highly leverages funds from other sources.
- Meals are nutrient dense and supply well over one-third of the daily Recommended Dietary Allowances.
- The ENP is closely linked to both health and home and community-based care systems.
- Forty-one percent of home-delivered nutrition programs have waiting lists for service. The average waiting time was 2.6 months and the average number of individuals on a list was 86.

1997 The AoA and the Aging Network celebrated the 25th Anniversary of the ENP. Through its Silver Anniversary Awards, the AoA recognized local nutrition service providers that (1) increased service; (2) improved service; (3) overcame service barriers; (3) expanded the kinds of nutrition service delivery; (4) leveraged other funds; and (5) tailored the program to meet unique local community needs in innovative ways.

The AoA, with the assistance of the National Policy and Resource Center on Nutrition and Aging, sponsored the 2nd conference of state nutritionists/nutrition program administrators entitled “Preparing the Elderly Nutrition Program for the 21st Century.” Participants increased their knowledge of challenges facing programs of the future as well as challenges of administering the program today.

Institute of Medicine, Food and Nutrition Board, published *Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride*. This first in a series of reports changed the purpose of the Dietary Reference Intakes (DRIs) from establishing nutrient levels to prevent deficiencies to nutrient levels to promote health. Previous reports had established quantitative nutrient values for individuals 50 years and older in a single category. This report established new quantitative nutrient values for 50 to 70 year olds and those 70 years and older. OAA nutrition programs continued to be required to provide meals that meet the nutrient levels established by the Food and Nutrition Board, Institute of Medicine of the National Academy of Science. Increased scientific evidence linked maintenance of good health to adequate nutrition and physical activity. The scientific literature continued to provide evidence of relationships among nutrition, health, and functionality. Nutrition interventions became essential for the management of some chronic diseases.

Home-delivered meal service increased to 51% of total meals.

The OAA congregate nutrition appropriations decreased to \$364,535,000; OAA home-delivered appropriations increased to \$105,339,000; and USDA appropriation decreased to \$140,000,000. USDA commodity usage decreased to 2.9 percent of the appropriation. USDA decreased the cash reimbursement rate to 59.57 cents per meal. Nutrition service providers served 240.0 million meals.

1998 The AoA established a public/private partnership with General Mills to establish the Morning Meals on Wheels Pilot Project (Project); the National Policy and Resource Center collaborated on project design, implementation and evaluation. The Project demonstrated the benefits of providing breakfast as a second meal to frail homebound older adults. Improvements were seen in nutrient intakes, sense of independence, appetite and health status, reduction of nutrition risk factors, and decreased caregiver time for meal preparation. Programs were able to expand services to a very vulnerable population.

Institute of Medicine, Food and Nutrition Board, published *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin, and Choline*. This report continued the quantitative nutrient values for 50 to 70 year olds and 70 years and older.

Home-delivered meal service increased to 53% of total meals.

The OAA congregate nutrition appropriations increased to \$374,412,000; OAA home-delivered appropriations increased to \$112,000,000; and USDA appropriation remained at \$140,000,000. USDA commodity usage decreased to 2.1 percent of the appropriation. USDA decreased the cash reimbursement rate to 56.07 cents per meal. Nutrition service providers served 244.0 million meals.

1999 The AoA submitted its first Performance Plan to Congress as a part of GPRA compliance; because of the lack of program outcome data, its report was primarily based on output data. The AoA began the Performance Outcome Measurement Project (POMP) process. Project outcomes included (1) documenting performance outcome measures used by the aging network; (2) developing a core set of measures; (3) pilot-testing and evaluating the measures; and (4) disseminating information on the measures.

National Policy and Resource Center on Nutrition and Aging published 3 white papers as background work for an Expert Advisory Council. Topics were Measuring Outcomes, Technology, and Lessons From Federal Nutrition Assistance Programs.

National Policy and Resource Center on Nutrition and Aging releases the *Nutrition 2030 Grassroots Survey*. Respondents ranked funding as their overall concern today and in the future; and more specifically, providing nutrition assessments as the top concern for food and nutrition services; providing outreach as the top concern for congregate meals; increasing and maintaining volunteers as the top concern for home-delivered meals; and, under food service, maintaining safe time and temperatures food. The other most important concern was ensuring nutrient content of meals.

The Tufts University published a *Tufts Modified Food Guide Pyramid for Mature (70+) Adults*. Based on the USDA Food Guide Pyramid, it included recommendations for limited supplement use, increased fluid intake, less calories, and more nutrient dense foods.

Home-delivered meal service increased to 54% of total meals.

The OAA congregate nutrition appropriation remained at \$374,412,000; OAA home-delivered appropriation remained at \$112,000,000; and USDA appropriation remained \$140,000,000. USDA commodity usage remained at 2.1 percent of the appropriation. USDA decreased the cash reimbursement rate to 55.39 cents per meal. Nutrition service providers served 247.4 million meals.

2000 Congress reauthorized the OAA. It retained separate Parts for Congregate Nutrition Services and Home-Delivered Nutrition Services, but consolidated various other provisions into Section 339.

The National Family Caregivers Support Program was authorized and funded. Some states began using funds for the provision of home-delivered meals to caregivers and for respite.

The nutrition provisions specified that nutrition screening be provided and that nutrition education and counseling be provided when feasible and appropriate.

Amendments increased the amounts that could be transferred between nutrition and supportive services to 30% and allowed increases with a waiver. Amendments increased the amount of funds that could be transferred between congregate and home delivered to 40% with additional 10% with a waiver.

Amendments allowed cost sharing for some services; however, nutrition services were exempted from cost-sharing provisions. Amendments clarified contribution procedures, which must be non-coercive, voluntary, and confidential.

The amendments replaced the USDA Nutrition Program for the Elderly with the Nutrition Services Incentive Program (NSIP). NSIP changed the program from a reimbursement model based on the number of meals served in the current fiscal year to an allocation model. The allocation payment to the state or tribe was based on the number of meals served by a state or tribe in comparison with the total number of meals served by all states and tribes in the previous fiscal year.

The AoA with the aging network developed and began field-testing a core set of performance measures for state and community programs on aging under POMP. Results of the POMP will be used to comply with the GPRA. The performance measure indicators included:

- physical functioning;
- nutrition risk;
- caregiver well-being;
- emotional well-being;
- home care satisfaction;
- transportation measures;
- information and assistance; and
- social functioning.

Several of these measures were used in conjunction with others such as the Nutrition Risk Survey, emotional well-being, and social functioning. Information on these measures can be found at <http://www.gpra.net>.

The Departments of Health and Human Services and Agriculture issued *Dietary Guidelines for Americans, 5th edition*. The *Guidelines* stressed the importance of nutrition and older adults more than previous editions. The OAA required compliance with these *Guidelines*.

Institute of Medicine, Food and Nutrition Board, published *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* and *Dietary Reference Intakes: Applications in Dietary Assessment*. These reports continued the new values for 50 to 70 year olds and 70 years and older.

Institute of Medicine, Food and Nutrition Board, published *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*. This report recommended the Medicare

coverage of medical nutrition therapy for dyslipidemia, hypertension, heart failure, diabetes, pre-dialysis kidney failure, and osteoporosis. It also recommended improved nutrition services for older adults in a wide-range of settings, including community-based care and home care.

The ADA published a position paper, “Nutrition, Aging and the Continuum of Care,” (*J Am Diet Assoc*, May, pg 580-595) which placed increased emphasis on the role of community-based nutrition programs. Dian Weddle, PhD, RD, FADA, Co-Director, National Policy and Resource Center on Nutrition and Aging, coauthored the position paper.

The OAA congregate nutrition appropriation remained at \$374,412,000; OAA home-delivered appropriation increased to \$147,000,000; and USDA appropriation remained \$140,000,000. USDA commodity usage decreased to 1.8 percent of the appropriation. USDA decreased the cash reimbursement rate to 54.04 cents per meal.

2001 Institute of Medicine, Food and Nutrition Board, published *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc*. This report continued the values for 50 to 70 year olds and 70 years and older.

The website of the National Policy and Resource Center on Nutrition and Aging <http://www.fiu.edu/~nutreldr> expanded to provide a wider range of technical assistance to the aging network.

The OAA congregate nutrition appropriation remained at \$374,412,000; OAA home delivered appropriation increased to \$152,000,000; and USDA appropriation, to \$150,000,000. USDA commodity usage decreased to 1.5 percent of the appropriation. USDA no longer established a cash reimbursement rate.

2002 President George W. Bush and Mrs. Laura Bush commended the aging network, nutrition service providers, and volunteers across the country for making an extraordinary difference in the lives of millions of seniors and their families during this 30th Anniversary year.

The Assistant Secretary for Aging held a series of Listening Sessions to mark the beginning of the yearlong anniversary celebration of the OAA Nutrition Program. During its 30-year history, 6 billion meals were served to high risk, vulnerable older adults.

The AoA annual GPRA Plan indicated that OAA nutrition programs:

- Served a significant portion of high risk older individuals;
- Served a high percentage of older adults who are in poverty or who are minority;

- Are highly leveraged; about 30% of funds for home-delivered and 45% of funds for congregate nutrition services come from OAA funds. This funding significantly exceeds the funding provided by the AoA for home and community-based services for the elderly.

The Journal of the American Dietetic Association (March, pg 348-350) publishes “Thirty Years of the Older Americans Nutrition Program,” chronicling the history of the largest community nutrition for older adults and its success in meeting the needs of community-based vulnerable older adults.

The OAA congregate nutrition appropriation increased to \$390,000,000; OAA home-delivered appropriations, to \$176,000,000; and USDA appropriation remained at \$150,000,000. USDA no longer established a cash reimbursement rate.